## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	
10/5/12/20	1
10/07291	10

FILING DATE

APPLICANT(S)

## **CLAIMS**

IND.   DEP.   IND.   DEP.   IND.   DEP.
2       3         3       4         5       6         7       8         9       10         11       12         13       14         15       16         17       18         19       19         20       21         21       22         23       24         25       26         27       28
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4       5         6       7         8       9         10       11         11       12         13       14         15       16         17       18         19       19         20       21         22       23         24       25         26       27         28       28
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